

110TH CONGRESS
2D SESSION

H. R. 6010

To require the Secretary of Defense to establish a National Trauma Institute
Research Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2008

Mr. GONZALEZ (for himself and Mr. RODRIGUEZ) introduced the following bill;
which was referred to the Committee on Armed Services

A BILL

To require the Secretary of Defense to establish a National
Trauma Institute Research Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Trauma In-
5 stitute Research Program Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Wars have always generated technological
9 and medical advances.

1 (2) Trauma is the number one killer of the Na-
2 tion's fighting soldiers, having caused over 30,000
3 injuries and over 4,000 deaths in the Global War on
4 Terror.

5 (3) In the United States, civilian trauma is the
6 leading cause of death from ages 1 to 44 and is re-
7 sponsible for over 160,000 deaths annually.

8 (4) Each year trauma accounts for 37 million
9 emergency department visits and 2.6 million hospital
10 admissions.

11 (5) Trauma is a disease affecting all ages of
12 people, and the impact of life years lost is 4 times
13 greater than heart disease or cancer.

14 (6) Injuries in a single year will ultimately cost
15 the United States \$406 billion, with \$326 billion in
16 lost productivity and \$80.2 billion in medical costs
17 (representing approximately 6 percent of total an-
18 nual health expenditures).

19 (7) Injury accounts for 4 of the top ten causes
20 of death and disability-adjusted life years lost world-
21 wide.

22 (8) While the mechanisms of injury are dif-
23 ferent, military and civilian trauma casualties are
24 treated similarly, thus improvements gained by fo-

1 cused, relevant trauma research in each group will
2 benefit both.

3 (9) Despite these alarming facts, within the
4 context of years of potential life lost, the National
5 Institutes of Health support ratio for HIV is \$3.51,
6 for cancer is \$1.65, and for trauma is \$0.10 cents.

7 (10) Despite a mandate to promote research di-
8 rected toward specific health issues relevant to the
9 military forces, the Peer Reviewed Medical Research
10 Program within the Congressionally Directed Med-
11 ical Research Programs has spent less than a third
12 of funding on trauma research.

13 (11) The National Trauma Institute (NTI) in
14 San Antonio, Texas, is a not-for-profit research in-
15 stitute formed by military-civilian collaboration be-
16 tween Wilford Hall Medical Center, San Antonio,
17 Texas; University Hospital; the University of Texas
18 Health Science Center, San Antonio, Texas; and
19 Brooke Army Medical Center, San Antonio, Texas.
20 NTI can build on the military-civilian collaboration
21 to fill the gap in trauma research by setting a com-
22 prehensive research agenda to award grants to the
23 best researchers in the country.

24 (12) NTI, as a consortium of civilian and De-
25 partment of Defense centers, is the natural starting

1 point to translate battlefield innovations to civilians
2 at home.

3 (13) NTI, as a centralized institute to coordi-
4 nate a national trauma research agenda, will sub-
5 stantially reduce the number of injuries and deaths
6 to the Nation's soldiers on the battlefield and civil-
7 ians at home.

8 **SEC. 3. ESTABLISHMENT.**

9 (a) ESTABLISHMENT.—The Secretary of Defense
10 shall establish a National Trauma Institute Research Pro-
11 gram at the National Trauma Institute as a military-civil-
12 ian public-private partnership to nationally fund trauma
13 research.

14 (b) PURPOSES.—The purposes of the National Trau-
15 ma Institute Research Program shall be—

16 (1) to develop and implement revolutionary
17 medical technologies to improve injury prevention
18 and diagnosis, survival, and quality of life for vic-
19 tims of trauma and burn injury;

20 (2) to implement a national multidisciplinary,
21 multi-center collaborative research effort; and

22 (3) to create and administer a competitive,
23 peer-reviewed trauma research grant program that
24 supports research that includes, at a minimum, the
25 following:

1 (A) Injury prevention and education.

2 (B) Improved prehospital and inter-hos-
3 pital triage.

4 (C) Resuscitation.

5 (D) Early, effective treatment of compress-
6 ible and non-compressible bleeding.

7 (E) Improved burn care.

8 (F) Head and spinal cord injury.

9 (G) Tissue engineering and regenerative
10 medicine.

11 (H) Orthopedics.

12 (I) Improved intensive care unit treatment
13 and management.

14 (J) Enhanced rehabilitation and recovery.

15 (K) Trauma care systems.

16 (L) Outcomes.

17 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

18 There is authorized to be appropriated to the Sec-
19 retary of Defense \$25,000,000 for the first fiscal year be-
20 ginning after the date of the enactment of this Act for
21 purposes of carrying out the activities of the National
22 Trauma Institute Research Program as described in this
23 Act. Such funds shall not be available for general adminis-
24 trative expenses of the Secretary of Defense.

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